PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 FEB -1 2 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000018454

1. Corporation Name

INTERCONTINENTAL CAPITAL MANAGEMENT, INC.

REINSTATEMENT 01-02

2. Principal Office Address	3. Mailing Office Address
c/o AGI REGISTERED AGENTS, INC.	c/o AGI REGISTERED AGENTS, INC.
Suite, Apt. #, etc.: 1200 BRICKELL AVE., SUITE 900	Suite, Apt. #, etc.: 1200 BRICKELL AVE., SUITE 900
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33131 Country: U.S.A.	Zip: 33131 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 02/22/2000

5. FEI Number: 52-2218624 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: AGI REGISTERED AGENTS, INC.

Street Address (P.O. Box Number is Not Acceptable): 1200 BRICKELL AVENUE

Suite, Apt. #, Etc.: SUITE 900

City: MIAMI State: FL Zip Code: 33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: President: AGI Registered Agents, Inc. Date: 2/12/02
REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D,P,T	SANTORO, VINCENZO	P.O. BOX 521735	MIAMI, FLORIDA 33152-1735
D,VP,S	NIKOLICH, JEAN	P.O. BOX 521735	MIAMI, FLORIDA 33152-1735

10. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: ATTORNEY-IN-FACT 2/12/02 305-265-8686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : AGI REGISTERED AGENTS, INC.
Account Number : I20000000205
Phone : (305)416-6800
Fax Number : (305)416-6811

CORPORATION REINSTATEMENT

INTERCONTINENTAL CAPITAL MANAGEMENT, INC.

Certificate of Status	0
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